

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

|   |  |   |  |
|---|--|---|--|
| <b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b><br><b>FY 2008</b><br><i>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)</i> |  | Docket Number (Optional)<br>0020-5301PUS1 |  |
| Application Number<br>10/509,912-Conf. #4489  |  | Filed<br>October 4, 2004                  |  |
| For <b>LIQUID PREPARATION COMPRISING CAMPTOTHECIN DERIVATIVE AND PHARMACEUTICAL COMPOSITION PRODUCIBLE BY LYOPHILIZING THE PREPARATION</b>                        |  |   |  |
| Art Unit<br>4173  |  | Examiner<br>J. S. Lau                     |  |

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):

|   | <u>Fee</u> | <u>Small Entity Fee</u> |           |
|---|------------|-------------------------|-----------|
| <input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1)) | \$120      | \$60                    | \$ 120.00 |
| <input type="checkbox"/> Two months (37 CFR 1.17(a)(2))           | \$460      | \$230                   | \$ _____  |
| <input type="checkbox"/> Three months (37 CFR 1.17(a)(3))         | \$1050     | \$525                   | \$ _____  |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4))          | \$1640     | \$820                   | \$ _____  |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5))          | \$2230     | \$1115                  | \$ _____  |

☐ Applicant claims small entity status. See 37 CFR 1.27.

☐ A check in the amount of the fee is enclosed.

☐ Payment by credit card. Form PTO-2038 is attached.

☒ The Director has already been authorized to charge fees in this application to a Deposit Account.

☒ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 02-2448. I have enclosed a duplicate copy of this sheet.


**WARNING:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

I am the ☐ applicant/inventor.

☐ assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

☒ attorney or agent of record. Registration Number 21,066

☐ attorney or agent under 37 CFR 1.34.  
Registration number if acting under 37 CFR 1.34 \_\_\_\_\_

  
 \_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Raymond C. Stewart  
 Typed or printed name

\_\_\_\_\_  
 December 21, 2007  
 Date

\_\_\_\_\_  
 (703) 205-8012  
 Telephone Number

**NOTE:** Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of 1 forms are submitted.